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Attorney Docket Number

DECLARATION FOR	R UTILITY OR	Attorney Booket Nur					
DESIGN	First Named Inventor	AN EGEAES;					
PATENT APPL	COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Number		/			
Submitted OR Submi	Declaration	Filing Date					
	Submitted after Initial Filing (surcharge	Art Unit					
Filing	(37 ČFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I here	eby declare that:						
My residence, mailing address, and ci	tizenship are as stated below	w next to my name.					
I believe I am the original and first inve	entor of the subject matter w	which is claimed and for whi	ch a patent is sou	ght on the invention entitled:			
ZOLTAN EGG	RESI						
5500. COAS	TRO.						
SANTA CRO	42, CA, 95	5060					
USA.	•						
CITIZENSHIP:	: USA AND	CANADA					
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the specification of which To 11	EL ODOK BL	- 1000 5751	em me	inst arout			
is attached hereto WiTH	WATER INLINE	TRIPAPTER	AND 70	LET 19(DE T			
OR							
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International			
Application Number 10/392,	and was amende	ed on (MM/DD/YYYY) 3	-18-20	(if applicable).			
I hereby state that I have reviewed and any amendment specifically referred to	o above.	r the above identified speci	fication, including t	the claims, as amended by			
I acknowledge the duty to disclose info applications, material information whici international filing date of the continual	h became available betweei	patentability as defined in the filing date of the prior	37 CFR 1.56, inclu application and the	uding for continuation-in-part e national or PCT			
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(a States of America, listed below and h breeder's rights certificate(s), or any claimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international ave also identified below b	application which designate application which designate the box. any for	ted at least one o	country other than the United			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
	-	(massinini)		YES NO			
Additional foreign application nur	mbers are listed on a supple	mental priority data sheet I	PTO/SB/02B attac	hed hereto:			
	(De	age 1 of 2]					

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:				OR		Corresp	pondence address below
POLTAN E	GERE	5_							
Address 5500. COAST	r Rd.								
SANTA CR	UZ.			State	A.				^{ZIP} 95060
Country USA		Telephone	425-	451	2	Fax 83/	4	25	7888
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	true; and fund de are punishat	ther that thole ole by fine o	nese stat or impriso	ements onment	were or bo	made th, unde	with the result of the term of	he kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		ДАр	etition	has be	en filed	for this	unsigr	ned inventor
Given Name (first and middle [if any])	OLTA	Ŋ			F	amily N r Surna	ame		
Inventor's Signature	dul	M		`					3-19-64
Residence: City 5/00/74 CRUZ,	State			Coun	try A			Citizer	3-7-64 I / CAVADIAN
Mailing Address 5500. CoA	57 K	2d.	٠						,
SANTA CRUF	State	•			ZIP O	50	60	,	Country USA
NAME OF SECOND INVENTO	R:	WH	4		A pe	tition ha	as beer	n filed f	or this unsigned inventor
Given Name (first and middle [if any])						mily Na Surnam			
Inventor's Signature									Date
Residence: City	State CA			Coun	try			Citizer	nship
Mailing Address						·	•		
City	State	·.			ZIP			Count	ry
Additional inventors or a legal re	presentative are bei	ng named on t	thes	uppleme	ntal shee	et(s) PTO/	/SB/02A	or 02LR a	attached hereto.

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I will not delay any man's cause for lucre or malice.

Signature of Applicant

Submitted and sworn to, or affirmed before me this 24th day of february 2003 JOEL BRODSKY Santa Cruz County

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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Country of STATE (Trues	SS.
county or services	
on 21 FOlyana 2012 before me, _	IAN M COKEN
Date 2017ALL 50	Name and Title of Officer (e.g., "Jame Doe, Notary Pumoc")
personally appeared	Name(s) of Signer(s)
	personally known to me proved to me on the basis of satisfactory evidence
IAN M. COREN Commission # 1327848 Notary Public - California Santa Cruz County My Comm. Expires Nov 1, 2005	to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal. Signature of Notary Public
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